U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	-	Date Received		Notification #				
I. Type of Notification (check	one): 🗸 Orig	ginal	Revised	Cancel	ed	1			
II. Facility Description Building Name: Building 5 Oil S		Ì							
Address: 4669 State Highway		: NY	Zip Code: 13	3690	County: St Lawre	ence			
City: Star Lake Site Location : Former Jones &		•	Zip code		- Culting .				
Building Size (square feet): 219		# 1	of Floors:	A	ge in Years: 30+				
Present Use: VACANT		-	or Use: commer						
T COtion (about					Renovation	Fire Training			
IV. Is Asbestos Present? (che		□No							
V. Facility Information Owner Name: ST Law Address: 48 Court Street	rence County	1							
City: Canton	/	1	State: NY	Zin	Code: 13617	1			
Contact: Manasseh Bu	City: Canton State: NY Zip Code: 13617 Contact: Manasseh Burt Telephone: (315) 661-3226 Fax:								
Removal Contractor Na						F			
	Address:			State: Zip Code:					
				ohone: (Fax:					
Other Operator (demol						<u> </u>			
Address: P.O. BOX 40						114			
City: WYNANTSKIL	City: WYNANTSKILL			State: NY Zip Code: 12198					
Contact: DAN WOLFE									
VI. Procedure, including ana Category I and Category VII. Approximate Amount of	II non-friable ACM:	oyed to dete	ct the presence of	and to estimate th	e quantity of RA	CM and			
	RACM to be	RACM to be Removed		bestos Material emoved	ial Non-friable Asbestos Material NOT to be Removed				
			Category I	Category II	Category I	Category II			
Pipes (linear feet)									
Surface Area (square feet)	960	960							
Facility Components (cubic feet)									
VIII. Scheduled Dates Demolition or Renovation: Start: 10/18/16 Complete: 10/18/17									
IX. Dates for Asbestos Removal (MM/DD/YY) Start: Complete:									
Days of the Week: Monda	ny Tuesday	Wednesd	lay Thursday	Friday	Saturday	Sunday			
Hours of Operation: 7A-3:3		7A-3:30		P 7A-3:30P	7A-3:30P				

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X.	Descriptio or renova	n of planned Demolition or Renovation work to tion techniques to be used and description of aff	be performed and ected facility com	ponents:		tion	
WET	METHOD			9월 :[[위]	A 25 TOOPING	+15"	
XI.	Description removal a	n of work practices and engineering controls to nd waste handling emission control procedures:	be used to comply	with the requiremen	its, including asbestos	i.i.	
WET	METHO	OS					
XII.	Waste Tr	ansporter #1					
	Name:	DAN'S HAULING, INC.	<u> </u>				
	Address:	P.O. BOX 409			7' 6 1		
	City:	WYNANTSKILL	State:		Zip Code: 12198		
	Contact:	DAN WOLFE	Telephone:	(518)438-9800			
	Waste Tr	ansporter #2					
	Name:				1		
	Address:	,				. 1111	
	City:		State:		Zip Code:	ř.	
1	Contact:	1)	Telephone:	()		10.	
XIII.	Waste Di	sposal		=			
	Name:	DANC Solid Waste Management Facility				1.18	
1	Address:	NYS RT 177					
	City:	Rodman	State	: NY	Zip Code: 13682	,7	
7	Contact:)	Telephone	: ()		0.55	
XIV.	Emergen	cy Demolition (complete Item XIV only if this pro	ject is an Emergen	cy Demo.)		3.51	
	1. /	Attach a copy of the Order to this notice.			,		
		Name of Authority Issuing Order:	Į.	Title:	1		
		Authority of Order (Citation of Code):	i .		O. I I to D I .		
		Date of Order (MM/DD/YY):	1	1000000000	e Ordered to Begin		
XV.		ncy Renovation (Attach separate sheet with the fol	llowing informatior	n if project is Emergen	ncy Renovation.)		
		Date and Hour of the Emergency:					
	2. 1	Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditi	ions or equipment o	lamage or an unreasor	nable financial burden.		
	3.	explanation of now the event caused unsafe conditi	ions of equipment e	admage of an amende			
XVI.	Descript	cion of procedures to be followed in the event tha	at unexpected RAG	CM is found or non-	friable ACM becomes		
AVI	crumble	d, pulverized, or reduced to powder.	•				
WET		DDS, HEPA FILTRATION, ISOLATIO					
XVII.	1 certify	that an individual trained in the provisions of N Demolition or Renovation, and evidence that the available during normal business hours.	ESHAP (40 CFR I ne required trainin	PART 61, SUBPART g has been accomplis	M) will be on -site duri shed by this person will	ing the be	
	//	AA da 1/2	/ 404040		brough Administrator		
	(100	alker Westercelly	10/18/16	THE RESIDENCE OF THE PARTY OF T	brouck-Administrator Print Name and Title		
		Signature of Owner/Operator	Date	•			
XVII	I. I ackno	wledge the existence of laws prohibiting the sub	mission of false or	misleading statemer	nts, and I certify that fa	icts	
	11	contained in this notification are true, accurate	e, and complete.				
	10/18/16 Heather Hasbrouck-Administrator						
	CAND	Signature of Owner/Operator	Date	Type or	Print Name and Title		